

2016-17 FLU VACCINE CONSENT & REGISTRATION FORM revised 8/13/2016
Medicare or Private Insurance (Blue Cross, Cigna, United Health Care, Humana, AvMed)

These immunizations are being given under the direction and supervision of:

Emmanuel Christian Health Center Federal Tax I.D. 650184720

DATE OF SERVICE:

Vivian J. Woodard, M.D., Board Certified Internal Medicine, Graduate of Harvard Medical School

Office located at 918 Rolling Acres Rd., Suite 1, Lady Lake, FL 32159 (352) 259-1991

www.FluShotMD.com

PLEASE PRINT ALL INFORMATION CLEARLY.

1	LAST NAME	FIRST NAME	M.I.	DATE OF BIRTH-mo./day/yr.	SEX: M F
	LOCAL MAILING ADDRESS	CITY	STATE	ZIP	PHONE NUMBER ()

2 CHECK ✓ THE BOX TO INDICATE WHICH PRIMARY INSURANCE YOU WANT US TO BILL FOR YOUR SHOT.
MEDICARE B **HUMANA MEDICARE PPO** **MEDICARE ADVANTAGE**
BLUE CROSS BLUE SHIELD **UNITED HEALTH CARE** **CIGNA** **OTHER**
 Note: Although we accept Medicare Advantage PPO & PFFS plans, WE DO NOT ACCEPT MEDICARE HMO'S. If you have a Medicare HMO as your primary insurance, please use our self-pay registration form and have your insurance reimburse you directly.

3 **IMPORTANT—PLEASE READ: WHEN YOU COME FOR YOUR FLU SHOT BRING YOUR DRIVER'S LICENSE OR PHOTO I.D. AND YOUR MEDICARE B, MEDICARE ADVANTAGE OR PRIMARY INSURANCE CARD ALONG WITH THIS COMPLETED AND SIGNED REGISTRATION FORM.**

4 **IF YOUR PRIMARY INSURANCE IS BLUE CROSS, CIGNA OR UNITED HEALTH CARE PLEASE NOTE: WE WILL GLADLY FILE YOUR CLAIM TO CIGNA, UNITED HEALTH CARE OR BLUE CROSS IF YOU CALL AHEAD TO OUR LADY LAKE OFFICE AT (352) 430-0262. THIS WILL ALLOW US TO VERIFY YOUR INSURANCE COVERAGE IN ADVANCE AND COLLECT ONLY THE APPLICABLE CO-PAY OR DEDUCTIBLE DUE AT THE TIME OF YOUR SHOT.**

FLU VACCINE BENEFITS AND RISKS

The flu (influenza) can lead to serious complications such as pneumonia and death. Flu vaccine is of benefit in that it may reduce your risk of developing the flu and its complications. Since the viruses that cause flu can change from year to year, a new flu shot must be taken annually. Flu shots are recommended for all persons over 6 months old. The most common side effects are soreness, redness or swelling at the site where a flu shot is given. Flu shots use a killed virus and cannot cause the flu, but some persons become slightly ill after flu shots with what feels like a touch of the flu. As with any medication, serious reactions, allergies or anaphylaxis may also occur following a flu shot. On rare occasions, persons have developed a paralyzing illness know as Guillain-Barre' syndrome after receiving a flu shot. If you currently have fever, a flu-like illness or an acute neurological illness you should not take flu vaccine until you recover from that fever or illness. Should you develop symptoms or illness which you feel are caused by your flu shot, you may call us at the office location (see above) nearest you. IF YOU ARE SEVERELY ALLERGIC TO CHICKEN, EGGS, THIMEROSAL OR ANY COMPONENT OF FLU VACCINE YOU SHOULD NOT TAKE A FLU SHOT. CHILDREN ON LONG-TERM ASPIRIN THERAPY SHOULD TAKE FLU SHOTS ONLY WITH THEIR DOCTOR'S CONSENT.
PLEASE READ IF YOU ARE 65 YEARS OLD OR OVER: THIS YEAR WE ARE AGAIN OFFERING A FLU VACCINE MANUFACTURED BY SANOFI PASTEUR CALLED **FLUZONE HIGH DOSE** DESIGNED FOR PEOPLE 65 YEARS OLD AND OLDER. IT CONTAINS HIGHER DOSES OF FLU ANTIGENS AND GIVES A STRONGER IMMUNE RESPONSE AGAINST FLU. **FLUZONE HIGH DOSE** HAS BEEN SHOWN TO BE MORE EFFECTIVE IN PREVENTING THE FLU THAN THE REGULAR LOWER DOSE FLU VACCINE. MINOR REACTIONS SUCH AS FEVER AND SORE ARM MAY BE SLIGHTLY MORE FREQUENT WITH **FLUZONE HIGH DOSE** THAN WITH LOWER DOSE FLU VACCINE.

FINANCIAL RESPONSIBILITY, CONSENT TO RECEIVE FLU VACCINE & HIPAA PRIVACY NOTICE— PLEASE READ THEN SIGN BELOW TO GIVE PERMISSION FOR A FLU SHOT. If your primary insurance plan is a Blue Cross, Cigna, United Health Care, Medicare B, Medicare Advantage, UnitedHealthcare Villages Complete Medicare HMO or Blue Cross Medicare plan including Blue HMO (but not other Medicare HMO's) which covers your flu shot, then we will file an insurance claim for you. If you do not have one of these plans or if you want to file for your own insurance reimbursement from another insurance plan please use the form for "self-pay" flu shots. The information you provide on this form will be protected in keeping with HIPAA laws. If you would like a personal copy of our privacy policy to keep for your records, please ask our receptionist.
 I HAVE REQUESTED A FLU SHOT AND WANT TO PAY FOR IT USING THE PRIMARY INSURANCE I INDICATED ABOVE. IF MY PRIMARY INSURANCE FAILS TO PAY FOR MY FLU SHOT WHEN BILLED THEN I WILL BE BILLED FOR THE SHOT I RECEIVED. I HAVE READ THESE TERMS AND THE FLU SHOT RISKS AND BENEFITS DESCRIBED ABOVE. I CONSENT TO RECEIVE A FLU SHOT.

➔ Signature _____

WE OFFER PREVNAR-13 AND PNEUMOVAX-23 PNEUMONIA VACCINES. FLU AND PNEUMONIA VACCINES ARE COVERED BY MEDICARE AND PRIVATE INSURANCE. WE ALSO PROVIDE VACCINES FOR SHINGLES , WHOOPING COUGH , TETANUS, AND ALL SHOTS NEEDED FOR FOREIGN TRAVEL. ASK OUR STAFF FOR MORE DETAILS.

STAFF ONLY WRITE BEYOND THIS LINE PLEASE. Navinet Mcr status & date verified _____

<input type="checkbox"/> FLUZONE HIGH DOSE (For 65 Years old & older only) Lot: _____ Exp. _____ Given by _____ / injection site _____	<input type="checkbox"/> REGULAR OR 4-STRAIN FLU VACCINE : Lot: _____ Exp. _____ Given by _____ / injection site _____
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